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TO	COMPANY	TELEPHONE	FACSIMILE
Examiner Vishal Patel	USPTO Alexandria, VA		703-872-9327
FROM	COMPANY	TELEPHONE	FACSIMILE
Brian B. Shaw OUR FILE: 581/85934.000008	HARTER, SECREST & EMERY LLP	716-845-4233	585-232-2152

TOTAL NUMBER OF PAGES SENT (INCLUDING THIS COVER SHEET): 3 page(s)

**MESSAGE OR SPECIAL INSTRUCTIONS:**

Dear Examiner Patel,

Attached please find Petition for Extension of Time and Transmittal form. Thank you.

Thomas B. Ryan

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PAGE 1/3 \* RCVD AT 8/2/2004 4:46:28 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/3 \* DNIS:8729327 \* CSID:585 \* DURATION (mm:ss):01:44

PTO/SB/22 (08-03)

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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

85934.000008

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In re Application of Hofmann, Knut

Application Number 09/937,083

Filed September 21, 2000

AUG 11 2000

For SHAPED SEAL FOR SEALING A POWER-OPERATED CLOSING DEVICE

Art Unit 3676

Examiner Patel, Vishal A.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____ \$950.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore the fee amount shown above is reduced by one-half, and the resulting fee is N/A.	
<input type="checkbox"/> A check in the amount of the fee is enclosed.	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-3875.	

I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number 26,990

attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a). 26,990

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August 2, 2004

Date



Signature

585-231-1101

Telephone Number

Thomas B. Ryan

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (02-04)

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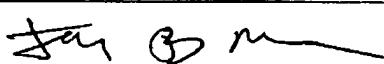
**TRANSMITTAL  
FORM***(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/937,083
		Filing Date September 21, 2001
		First Named Inventor Hofmann, Knut
		Art Unit 3676
		Examiner Name Patel, Vishal A.
Total Number of Pages in This Submission		Attorney Docket Number 85934.000008

**ENCLOSURES (check all that apply)**

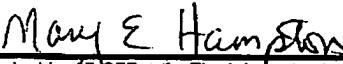
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<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Thomas B. Ryan, HARTER, SECREST & EMERY LLP		
Signature			
Date	August 2, 2004		

**CERTIFICATE OF TRANSMISSION/MAILING**

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Type or printed name	Mary E. Hampton		
Signature		Date	August 2, 2004

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